

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

KS

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	365979.34	
(c) Total Receipts (from Line 19)	69654.30	438504.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	435633.64	847297.83
7. Total Disbursements (from Line 31)	39163.84	450828.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	396469.80	396469.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y Y
 11 24 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

48920.05

286079.70

(ii) Unitemized

20734.25

138898.78

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

69654.30

424978.48

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

69654.30

424978.48

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

6025.75

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

69654.30

438504.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

69654.30

438504.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1188.84	7211.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1188.84	7211.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	393000.00
24. Independent Expenditures (use Schedule E)	25000.00	50000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	475.00	616.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	475.00	616.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39163.84	450828.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39163.84	450828.03

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69654.30	424978.48
34. Total Contribution Refunds (from Line 28(d))	475.00	616.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69179.30	424362.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1188.84	7211.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	6025.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1188.84	1186.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Park Ahlen MD

Mailing Address 409 Spyglass Dr

City

Eugene

State

OR

Zip Code

97401-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2014

Transaction ID : C2860490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Suzanne M Allen MD

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859060

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marina Almenas MD

Mailing Address 145 Calle Guaraguao

City

San Juan

State

PR

Zip Code

00926-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859725

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walter John Alt MD

Mailing Address 9 Hillside Ave

City

Amesbury

State

MA

Zip Code

01913-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2014

Transaction ID : C2869720

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Charles Peter Anderson MD

Mailing Address 125 W Sierra Cir

City

San Marcos

State

TX

Zip Code

78666-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875148

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Stanley R Anderson MD

Mailing Address 6877 Wales Ave NW

City

North Canton

State

OH

Zip Code

44720-6370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859727

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Evan Ashkin MD

Mailing Address 1528 Pinecrest Rd

City State Zip Code
Durham NC 27705-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Chapel Hill

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2867490

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David W Ashley MD

Mailing Address 145 Gilbert Stuart Rd

City State Zip Code
Saunderstown RI 02874-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859053

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David W Avery MD

Mailing Address 3702 1st Ave

City State Zip Code
Vienna WV 26105-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marietta Health Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C2860493

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1465.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : C2863090

Amount of Each Receipt this Period

43.00

Full Name (Last, First, Middle Initial)

B. David Orrin Barbe MD

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : C2859054

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cedric T Barnes DO

Mailing Address PO BOX 337

City

Milford

State

DE

Zip Code

19963-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Delaware Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : C2859732

Amount of Each Receipt this Period

121.67

SUBTOTAL of Receipts This Page (optional)..... ►

664.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin V Bartos MD

Mailing Address 4300 Cagle Dr
Ste 200

City State Zip Code
North Richland Hills TX 76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : C2857037

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Justin V Bartos MD

Mailing Address 4300 Cagle Dr
Ste 200

City State Zip Code
North Richland Hills TX 76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2014

Transaction ID : C2871611

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Joane Goforth Baumer MD

Mailing Address 910 Houston St
Apt 701

City State Zip Code
Fort Worth TX 76102-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : C2854867

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

189.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikael Eugene Bedell MD

Mailing Address PO Box 1330

114 Gardner Place

City

Cascade

State

ID

Zip Code

83611-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2014

Transaction ID : C2867926

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melissa Blair Behringer MD

Mailing Address 1023 Medical Center Pkwy

City

Selma

State

AL

Zip Code

36701-6780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859706

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Salvatore Bernardo Md Bernardo MD

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C2860381

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy S Biggs MD

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2867492

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City State Zip Code
 Kingsport TN 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ETSU

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 14 / 2014

Transaction ID : C2868806

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kathleen A Bliese Walk MD

Mailing Address 210 Lakeside Dr

City State Zip Code
 Grand Island NE 68801-8536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859059

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Jeffery Bradstreet MD

Mailing Address 4488 Commerce Dr

Ste B

City

Buford

State

GA

Zip Code

30518-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2867494

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kathryn Brandt DO

Mailing Address 180 Ingraham Mtn Rd

City

Augusta

State

ME

Zip Code

04330-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New England College of O

Occupation

Academic Physician, Chair of Primary C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : C2863089

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Arlene M Brown MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruidoso Family Medicine Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859055

Amount of Each Receipt this Period

355.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arlene M Brown MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruidoso Family Medicine Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

11 / 24 / 2014

Transaction ID : C2874809

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

10 / 23 / 2014

Transaction ID : C2857014

Amount of Each Receipt this Period

143.00

Full Name (Last, First, Middle Initial)

c. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

11 / 23 / 2014

Transaction ID : C2871599

Amount of Each Receipt this Period

143.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

336.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Adam Carlyle MD

Mailing Address PO BOX 3014

2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine East

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859041

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Josiah Mark Carr II

Mailing Address 1313 Ravenhurst Dr

Ste 205

City

Raleigh

State

NC

Zip Code

27615-5462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : C2869551

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C2860366

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : C2857038

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2014

Transaction ID : C2871600

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

c. Manuel O Crespo DO

Mailing Address 14575 S Bryant Ave

City

Edmond

State

OK

Zip Code

73034-8139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859700

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1333.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Cullen MD

Mailing Address PO Box 2504

City

Valdez

State

AK

Zip Code

99686-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

742.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : C2856388

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David Robert David MD

Mailing Address 13511 Se 26Th Cir

City

Vancouver

State

WA

Zip Code

98683-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : C2868705

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Paul W Davis MD

Mailing Address 9801 Homestead Trl

City

Anchorage

State

AK

Zip Code

99507-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : C2859730

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

2915.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank B Dibble MD

Mailing Address PO BOX 519

City

Rye Beach

State

NH

Zip Code

03871-0519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875165

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. L Allen Dobson MD

Mailing Address 599 Jackson St

City

Mt Pleasant

State

NC

Zip Code

28124-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859686

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael J Doyle MD

Mailing Address 3436 State Route 66

City

Neptune

State

NJ

Zip Code

07753-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2014

Transaction ID : C2862981

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jocelyn Duffy MD

Mailing Address 6 Trask Rd

City

Boxford

State

MA

Zip Code

01921-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 10 / 2014

Transaction ID : C2869714

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Raymond Louis Ebarb MD

Mailing Address 213 Main St

City

West Sayville

State

NY

Zip Code

11796-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859679

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James A Ellzy MD

Mailing Address 1351 Bryant St NE
Apt 4

City

Washington

State

DC

Zip Code

20018-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.90

Date of Receipt

10 / 19 / 2014

Transaction ID : C2853502

Amount of Each Receipt this Period

34.10

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

499.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A Ellzy MD

Mailing Address 1351 Bryant St NE
Apt 4

City State Zip Code
Washington DC 20018-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.90

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : C2869840

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

B. Ted Dee Epperly MD

Mailing Address 777 N Raymond St

City State Zip Code
Boise ID 83704-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Medicine Residency of Idaho

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859723

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Roxanne Fahrenwald Md Fahrenwald MD

Mailing Address 123 S 27th St

City State Zip Code
Billings MT 59101-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2014

Transaction ID : C2868777

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

499.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth K Farnum MD

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : C2853136

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

B. Elisabeth K Farnum MD

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : C2869074

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

C. David Richard Field Field

Mailing Address 2021 W Harbor Dr

City

Bismarck

State

ND

Zip Code

58504-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2867500

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

172.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : C2859906

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Leonard Martin Finn MD

Mailing Address 42 Grasmere Rd

City State Zip Code
 Needham MA 02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : C2859687

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kelli Lynn Fournier MD

Mailing Address 3136 West St
 # 2-S2

City State Zip Code
 Weirton WV 26062-4637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : C2852438

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley P Fox MD

Mailing Address 5770 Ruhl Rd

City

Fairview

State

PA

Zip Code

16415-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859693

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael E Graff MD

Mailing Address 6202 Coachman Dr S

City

Suffolk

State

VA

Zip Code

23435-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patient First

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : C2869554

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Vito Grasso CAE

Mailing Address 260 Osborne Rd

City

Albany

State

NY

Zip Code

12211-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859702

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judith A Gravdal MD

Mailing Address 1775 Dempster St

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 18 / 2014

Transaction ID : C2869641

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John Allan Gross MD

Mailing Address 506 15th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33704-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Primary Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

Transaction ID : C2864913

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 07 / 2014

Transaction ID : C2864272

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

414.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carol Sue Havens MD

Mailing Address 4716 Tree Shadow Pl

City State Zip Code
 Fair Oaks CA 95628-6566

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Permanente Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C2860497

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Leslie A Hayes MD

Mailing Address 132A County Road 84

City State Zip Code
 Santa Fe NM 87506-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer

EI Centrol Family Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : C2862988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City State Zip Code
 Sioux Falls SD 57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2014

Transaction ID : C2863087

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1065.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikel D Holland MD

Mailing Address 100 Mac Ln

City
Pierre

State
SD

Zip Code
57501-3391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Medical Group Pierre

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

10 / 31 / 2014

Transaction ID : C2860498

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Standish Hoskins MD

Mailing Address PO Box 2200

City
Minden

State
NV

Zip Code
89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2861798

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Tochi I L Iroku-Malize MD

Mailing Address PO Box 369

City
Islip

State
NY

Zip Code
11751-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859698

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

660.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James S Irwin MD

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes-Jerome

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875371

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donald Leland Ives MD

Mailing Address PO BOX 440

City

Ester

State

AK

Zip Code

99725-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 16 / 2014

Transaction ID : C2852402

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Donald Leland Ives MD

Mailing Address PO BOX 440

City

Ester

State

AK

Zip Code

99725-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 16 / 2014

Transaction ID : C2869056

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John R Jacobsen MD

Mailing Address 2120 S 64th Plz
Apt 102

City State Zip Code
Omaha NE 68106-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Think Primary Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C2860487

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James D Johns MD

Mailing Address 211 15th St NW

City State Zip Code
Canton OH 44703-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859149

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jessica Johnson

Mailing Address 5933 SW Hood Ave

City State Zip Code
Portland OR 97239-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2014

Transaction ID : C2864912

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Marie Joyce MD

Mailing Address 525 Pine St

City

Scranton

State

PA

Zip Code

18509-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2867507

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Amr Sabry Kamhawy MD

Mailing Address 33358 Waterberry Cir

City

Waukee

State

IA

Zip Code

50263-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer

I.H.S.

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859044

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Laura Rachel Kaufman MD, PhD

Mailing Address 2919 Sunset Dr W

City

University Place

State

WA

Zip Code

98466-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health Permanente

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2867508

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara A Keber MD

Mailing Address 1 Cathy Ct

City

Glen Head

State

NY

Zip Code

11545-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSLIJ Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859680

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2014

Transaction ID : C2858166

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

c. Greg Kenneth Kirschner MD

Mailing Address 1848 Weeg Way

City

Park Ridge

State

IL

Zip Code

60068-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2867509

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

570.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D Knight MD

Mailing Address 103 Williams Dr

City

Harrisburg

State

IL

Zip Code

62946-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : C2856395

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Russell Wade Kohl MD

Mailing Address 113 Park Ter

City

Vinita

State

OK

Zip Code

74301-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : C2860383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dieter Kreckel MD

Mailing Address 430 Franklin St

City

Rumford

State

ME

Zip Code

04276-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swift River Healthcare

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : C2859214

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary V Krueger MD

Mailing Address 4950 Newstead Pl

City

Colorado Springs

State

CO

Zip Code

80906-5977

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2867510

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ajoy Kumar Md Kumar MD

Mailing Address 749 Nina Dr

City

Tierra Verde

State

FL

Zip Code

33715-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayfront Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859734

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Carol A LaCroix MD

Mailing Address 2727 S 144Th St Ste 140

City

Omaha

State

NE

Zip Code

68144-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Better Health Of Nebraska

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875378

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paula Leonard-Schwartz MD

Mailing Address 121 Madeline Rd

City

Manchester

State

NH

Zip Code

03104-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859688

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Gary L LeRoy MD

Mailing Address 761 Kenilworth Ave

City

Dayton

State

OH

Zip Code

45405-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859464

Amount of Each Receipt this Period

165.00

Full Name (Last, First, Middle Initial)

C. Alvin B Lin MD

Mailing Address 2410 Fire Mesa Street
Suite 180

City

Las Vegas

State

NV

Zip Code

89128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859728

Amount of Each Receipt this Period

365.00

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895.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jesus L Lizarzaburu MD

Mailing Address 108 Kicotan Turn

City
Yorktown

State
VA

Zip Code
23693-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tidewater Physicians Multispecialty Gr

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 10 / 2014

Transaction ID : C2866424

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Joe Marie Franz S Llenos MD

Mailing Address 302 E Prairie View Ln

City

Meridian

State

ID

Zip Code

83642-2585

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859211

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Chih-Chen Luke Luan

Mailing Address 310 N Lime St Apt 4

City

Lancaster

State

PA

Zip Code

17602-2372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 24 / 2014

Transaction ID : C2874842

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S Luther MD

Mailing Address 450 E Spring St
Ste 1

City Long Beach State CA Zip Code 90806-1625

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C2860379

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Christopher M Mahr MD

Mailing Address 3085 Firestone Ct

City Sumter State SC Zip Code 29150-7075

FEC ID number of contributing federal political committee.

C

Name of Employer

Colonial Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2014

Transaction ID : C2860841

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Sarah Tully Marks MD

Mailing Address 3809 N Morris Blvd

City Shorewood State WI Zip Code 53211-2219

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Kansas; School of Medici

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2867512

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lara D Mashek MD

Mailing Address 4521 Gracelann

City

Shawnee

State

OK

Zip Code

74804-2366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Anthony Shawnee Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C2857933

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Barbara A Matthews MD

Mailing Address 15 Arbor Way Dr

City

Decatur

State

GA

Zip Code

30030-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2014

Transaction ID : C2864875

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Douglas M McFarland MD

Mailing Address 1502 E Main St

PO Box 338

City

Trinidad

State

CO

Zip Code

81082-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859017

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

770.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Kristen McIntyre MD

Mailing Address 1140 W Diamond St

City

State

Zip Code

Butte

MT

59701-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butte Community Health Center

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 28 / 2014

Transaction ID : C2859904

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Lee Mei MD

Mailing Address 630 Bush St

City

State

Zip Code

Mountain View

CA

94041-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 16 / 2014

Transaction ID : C2852466

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

State

Zip Code

Brent

AL

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859030

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : C2862980

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : C2869546

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Joseph S Miller MD

Mailing Address Plum Creek Medical Group, P.C.

PO BOX 797

City

Lexington

State

NE

Zip Code

68850-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2014

Transaction ID : C2867992

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

465.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisaebth Fowlie Mock MD

Mailing Address 46 Clark Hill Rd

City

Holden

State

ME

Zip Code

04429-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859063

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. F Allen Moorhead Jr

Mailing Address PO BOX 180

City

Neodesha

State

KS

Zip Code

66757-0180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859023

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

990.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1008.26

Date of Receipt

11 / 09 / 2014

Transaction ID : C2864911

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

B. James Mumford Md Mumford MD

Mailing Address 40 E 9th St

City

New York

State

NY

Zip Code

10003-6421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Institute for Family Health

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859220

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Susan Murphey MD

Mailing Address 151 Eastbrook Dr

City

Boone

State

NC

Zip Code

28607-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

495.00

Date of Receipt

10 / 22 / 2014

Transaction ID : C2856398

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

701.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. LeeAnna Irvine Muzquiz MD

Mailing Address 38580 Dubai Rd

City
Polson

State
MT

Zip Code
59860-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Confederated Salish & Kootenai Tribes

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859056

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Christine Christine O'Donoghue-Kitt O'Donoghue

Mailing Address 100 Irving Ave

City

Freeport

State

NY

Zip Code

11520-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : C2859988

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Ricky Ochoa MD

Mailing Address 2270 S Ridgview Dr
Ste 303

City

Yuma

State

AZ

Zip Code

85364-8866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859705

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

821.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yvette Oquendo Md Oquendo-Berruz MD

Mailing Address 7442 Weather Worn Way

City State Zip Code
Columbia MD 21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C2857947

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

c. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : C2871629

Amount of Each Receipt this Period

187.50

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TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tomas P Owens MD

Mailing Address 912 Fox Lake Ln

City

Edmond

State

OK

Zip Code

73034-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2014

Transaction ID : C2856399

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas S Parks MD

Mailing Address 821 E 18th St

City

Cheyenne

State

WY

Zip Code

82001-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wyoming

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : C2859461

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Robert Pentt MD

Mailing Address 309 Allston St

City

Brighton

State

MA

Zip Code

02135-7692

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2014

Transaction ID : C2874849

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen S Phelps MD

Mailing Address 235 Kestwick Dr W

City

Martinez

State

GA

Zip Code

30907-1690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert L Phillips Jr

Mailing Address 3728 Morningside Dr

City

Fairfax

State

VA

Zip Code

22031-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

The American Board of Family Medicine,

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C2857927

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Adebowale (Dayba) Glenner Prest Prest

Mailing Address 11715 Galt Ave

City

Silver Spring

State

MD

Zip Code

20902-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C2860384

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sterling N Ransone MD

Mailing Address 151 Deer Path

City

Deltaville

State

VA

Zip Code

23043-0916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : C2859219

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Keith M Ratcliff MD

Mailing Address 864 Kleekamp Ln

City

Washington

State

MO

Zip Code

63090-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : C2859709

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Leonard Daniel Reeves MDMailing Address GA Health Sciences Univ MCG NW GA
Heritage hall 415 E Third Avenue

City

Rome

State

GA

Zip Code

30161

FEC ID number of contributing
federal political committee.

C

Name of Employer

GHSU

Occupation

Physician-Asst Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : C2859052

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria Attkisson Rennie Rennie

Mailing Address 5000 Cox Rd

City

Glen Allen

State

VA

Zip Code

23060-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patient First

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : C2869748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : C2859905

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Cesar A Rodriguez

Mailing Address 19620 E Oakmont Dr

City

Hialeah

State

FL

Zip Code

33015-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

10 / 29 / 2014

Transaction ID : C2859990

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

691.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cesar A Rodriguez

Mailing Address 19620 E Oakmont Dr

City

Hialeah

State

FL

Zip Code

33015-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : C2859991

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

B. Glenn Sumner Rodriguez MD

Mailing Address 0235 SW Canby St

City

Portland

State

OR

Zip Code

97219-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859704

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2014

Transaction ID : C2853503

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

641.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 19 / 2014

Transaction ID : C2869841

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Paul David Salzberg MD

Mailing Address PO BOX 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875390

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Manuel Josue Sanchez MD

Mailing Address 501 N Ware Rd

City

McAllen

State

TX

Zip Code

78501-8055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859069

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Ann Saradarian MD

Mailing Address 168 Mattison Reservoir Ave

City

Branchville

State

NJ

Zip Code

07826-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 29 / 2014

Transaction ID : C2860058

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Evan T Saulino MD

Mailing Address 537 NE 29th Ave

City

Portland

State

OR

Zip Code

97232-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health and Services

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2014

Transaction ID : C2868383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis F Saver MD

Mailing Address 1265 36th St

City

Vero Beach

State

FL

Zip Code

32960-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859684

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1015.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margot Latrese Savoy MD

Mailing Address 1401 Foulk Rd

City

Wilmington

State

DE

Zip Code

19803-2763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859205

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Christine C Schaller MD

Mailing Address 77 Poplar Dr

City

Grangeville

State

ID

Zip Code

83530

FEC ID number of contributing
federal political committee.

C

Name of Employer

NIFP

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875392

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dean A Schultz MD

Mailing Address 1850 Hickory St

City

Abilene

State

TX

Zip Code

79601-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2867522

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark R Schuman

Mailing Address Exec Vice Pres CT AFP
PO Box 30

City State Zip Code
Bloomfield CT 06002-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Academy of Family Physicia

Occupation

Exec Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859148

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven C Schwieterman Schwieterm

Mailing Address 4913 E 628 N

City State Zip Code
Roanoke IN 46783-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2014

Transaction ID : C2869653

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. William H Sessions MD

Mailing Address 1594 Kingsley Ave

City State Zip Code
Orange Park FL 32073-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2014

Transaction ID : C2868756

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry A Severa MD

Mailing Address 61 Calendula Ct

City

Billings

State

MT

Zip Code

59105-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2014

Transaction ID : C2853430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 30 / 2014

Transaction ID : C2860119

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

11 / 03 / 2014

Transaction ID : C2861797

Amount of Each Receipt this Period

30.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tobie-Lynn Smith MD, M.ED

Mailing Address 1114 F St NE

City

Washington

State

DC

Zip Code

20002-5382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

11 / 08 / 2014

Transaction ID : C2864876

Amount of Each Receipt this Period

40.50

Full Name (Last, First, Middle Initial)

B. Lisa Gail Soldat MD

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 10 / 2014

Transaction ID : C2869733

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Patricia Lucia Spencer

Mailing Address 149 Jean St

City

Palm Harbor

State

FL

Zip Code

34683-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 27 / 2014

Transaction ID : C2859029

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

705.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Eugene Steichen MD

Mailing Address 2254 E 37th St

City

Tulsa

State

OK

Zip Code

74105-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859681

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : C2863091

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C2860118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

815.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harry S Strothers MD

Mailing Address 1513 Cleveland Ave

City

State

Zip Code

East Point

GA

30344-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859692

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Neil A Sun Rhodes MD

Mailing Address PO Box 2520

123 S 27th St Ste B

City

State

Zip Code

Browning

MT

59417-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Indian Health Services

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859697

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Ethan Swee MD

Mailing Address 675 Hoes Ln W

City

State

Zip Code

Piscataway

NJ

08854-8021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : C2859747

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

771.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 71
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica Williams Swegler MD

Mailing Address 1101 W 40th St

City
Austin

State
TX

Zip Code
78756-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.08

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C2856394

Amount of Each Receipt this Period

111.36

Full Name (Last, First, Middle Initial)

B. Raja Talati MD

Mailing Address 805 SW Classico Ct

City

Port Saint Lucie

State

FL

Zip Code

34986-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2014

Transaction ID : C2858199

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : C2863088

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

172.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly L Tjaden MD

Mailing Address 1490 Riverside Ave N

City
Sartell

State
MN

Zip Code
56377-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Cloud Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 17 / 2014

Transaction ID : C2875402

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Alois A Treybal

Mailing Address 1112 Fairgrounds Rd

City
Socorro

State
NM

Zip Code
87801-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 17 / 2014

Transaction ID : C2853429

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Douglas Vacek DO

Mailing Address 2865 Scottsdale Rd

City
Reno

State
NV

Zip Code
89512-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pershing General Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2014

Transaction ID : C2860467

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna Valponi Brookhart

Mailing Address 4516 NE De La Mar Ct

City

Lees Summit

State

MO

Zip Code

64064-1391

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP- KS

Occupation

Marketing Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : C2869553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lloyd P Van Winkle MD

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C2857946

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Lloyd P Van Winkle MD

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : C2871628

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 71
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cathy L VandenHeuvel MD

Mailing Address 1223 Beacon St
Suite E

City State Zip Code
Brookline MA 02446-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenton I Voorhees MD

Mailing Address 7953 S Franklin Ct

City State Zip Code
Centennial CO 80122-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859699

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Earl Mark Watts MD

Mailing Address 2726 Cornwallis Ave SE

City State Zip Code
Roanoke VA 24014-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cavilier Faculty Medicine

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859720

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Michael Watts MD

Mailing Address 121 Bishop St

City
Corbin

State
KY

Zip Code
40701-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859210

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas J Weida MD

Mailing Address 845 Fishburn Rd

City
Hershey

State
PA

Zip Code
17033-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C2853552

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City
New Albany

State
OH

Zip Code
43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State University

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2014

Transaction ID : C2867906

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 71
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City State Zip Code
Dahlonega GA 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : C2862997

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dennis Buford Yelvington MD

Mailing Address 1609 N Medical Dr

City State Zip Code
Stuttgart AR 72160-3274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2859685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

48920.05

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

1.37

Category/
Type

21.21

Category/
Type

7.95

30.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 71

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014

Transaction ID : D162769

Amount of Each Disbursement this Period

150.93

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 03 2014

Transaction ID : D162770

Amount of Each Disbursement this Period

21.13

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 03 2014

Transaction ID : D162771

Amount of Each Disbursement this Period

12.73

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 71

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : D162772

Amount of Each Disbursement this Period

114.73

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : D162787

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2014

Transaction ID : D162788

Amount of Each Disbursement this Period

6.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.48

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D162789

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Diagram of a 1D lattice with 10 sites. The rightmost site is occupied by a fermion, indicated by a black dot and the number 2.73 below it.

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53852



City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D162920

Purpose of Disbursement	
Credit card processing fee	

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

A horizontal number line is shown, ranging from 0 to 10. Major tick marks are labeled at 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. Between each major tick mark, there are 10 smaller tick marks, representing increments of 0.1. A vertical line is drawn at the position corresponding to 3.97, and the number 3.97 is written next to it.

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53852

MM / DD / YYYY

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D162921

Purpose of Disbursement	
Credit card processing fee	

Amount of Each Disbursement this Period

Candidate Name _____

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

11.86

SUBTOTAL of Disbursements This Page (optional).....

18.56

TOTAL This Period (last page this line number only).....

The diagram illustrates a 1D lattice with 10 sites. The top row represents the initial state, with particles (black dots) located at sites 1, 3, 5, 7, and 9. The bottom row represents the state after a time step, with particles now at sites 2, 4, 6, 8, and 10. Arrows indicate the movement of particles from site i to site $i+1$.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three digital displays showing the date 11/17/2014 in MM/DD/YYYY format. The first display shows '11' with 'M' labels above. The second shows '17' with 'D' labels above. The third shows '2014' with 'Y' labels above.

16.25

M M / D D / Y Y Y Y
11 18 2014

3.25

6.50

26.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 71

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 24 2014

Transaction ID : D162925

Amount of Each Disbursement this Period

16.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014

Transaction ID : D162508

Amount of Each Disbursement this Period

20.96

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014

Transaction ID : D162509

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Transaction ID : D162773

Amount of Each Disbursement this Period

764.02

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

764.02

1188.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRALEY FOR IOWA

Mailing Address PO Box 856

City	State	Zip Code
Des Moines	IA	50304-0856

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Bruce BraleyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : D162197

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address P O BOX 64

City	State	Zip Code
BECKLEY	WV	25801

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Nick J. Rahall IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : D162620

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UDALL FOR US ALL

Mailing Address PO BOX 25766

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Tom UdallOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : D162621

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. F Allen Moorhead Jr

Mailing Address PO BOX 180

City	State	Zip Code
Neodesha	KS	66757-0180

Purpose of Disbursement
Refund of contribution made 10/27/14

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : D162674

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin P Speer JDMailing Address Exec Vice Pres IN AFP
55 Monument Cir Ste 400

City	State	Zip Code
Indianapolis	IN	46204-2915

Purpose of Disbursement
Refund of duplicate contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : D162691

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

475.00

475.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00411553 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Buying Time, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2014</div> </div>	
Mailing Address 650 Massachusetts Ave NW Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Washington		State DC	Zip Code 20001-3728	
Purpose of Expenditure Independent expenditure - radio/mail		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div>		Transaction ID : D162090 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2014</div> </div>
Name of Federal Candidate Rep. Ami Bera			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>				

Full Name of Payee			Date of Public Distribution/Dissemination	
Mailing Address			Amount	
City		State	Zip Code	
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation
Name of Federal Candidate			Office Sought:	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hugh M Taylor MD

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY

12 / 04 / 2014